

MMA Title II Outline

Subpart A: General Provisions

- Plan types and definitions
- User fees information

Subpart B: Eligibility, Election and Enrollment

- Specialized MA plan requirements
- Minimum grace period for disenrollment for failure to pay premium
- Performance standards basis for deeming approval of marketing materials

Subpart C: Benefits and Beneficiary Protections

- Special access and notice rule for Regional MA plans
- Numerous regulatory reform changes
- Beneficiary protections for MA regional plan enrollees

Subpart D: Quality Improvement Program

- Chronic care improvement program
- Quality improvement projects
- Health outcomes data requirements

Subpart E: Relationships with providers

- Assurances on physician incentive plans

Subpart F: Submission of Bids, Premiums and Related Information and Plan Approval

- ACR process is replaced by a bidding method based on plan revenue requirements
- Authority to negotiate bids is similar to authority given the Office of Personnel Management (OPM) to negotiate regarding health benefits plans under the FEHBP program

Subpart G: Payment for MA Organizations

- MMA improvements to payment rates for MA organizations
- Payment changes in 2006 related to bids and benchmarks

Subpart I: Organizational Compliance with State Law and Preemption by Federal Law

- Federal preemption of most state laws
- Prohibition of state premium taxes

Subpart J: Special Rules for MA Regional Plans

- Regional plan financial & administrative provisions and incentives

Subpart K: Contracts with Medicare Advantage Organizations

- Application Procedures and Requirements necessary to contract with Medicare

- Evaluations and determination procedures
- Contract provisions
- Renewal, Non-renewal and Termination of Contracts
- Federally Qualified Health Centers (FQHC) contracting provision

Subpart L: Effect of Change of Ownership or Leasing of Facilities During the Term of Contract

- Required procedures when a Medicare Advantage organization undergoes a change of ownership.
- Definition of a novation agreement.

Subpart M: Beneficiary Grievances, Organization Determinations and Appeals

- Grievance and appeal requirements

Subpart N: Medicare Contract Determinations and Appeals

- Reasons for contract determinations
- Procedures for Reconsideration and Hearings

Subpart O: Intermediate Sanctions

- Type of CMS imposed Sanctions available and basis for imposing them.

Part 417 (1876 Cost Contracts)

- Limitations on cost plan expansion (2006) and renewals (2008) related to MA plan competition
- MA plan grievance and appeals requirements applied to cost plans

Subpart: Impact Analysis

- Increased numbers of plans and enrollees
- Plan expansions into rural areas
- MA plan benefits greater than standard Part A and B